

Georgia Composite Board of Professional Counselor's, Social Workers and Marriage and Family Therapists 237 Coliseum Drive, Macon, Georgia 31217-3858 (478) 207-2440 (Telephone) * www.sos.state.ga.us/plb/counselors

Check applicable licens	Marriage and Family Ther	☐ Licensed Mast apist ☐ Licensed	er Social Worker Professional Counselor			
	Please type or print legibly. Your Application to <u>reactivate</u> must be complete with all required information, documentation and fee before it will be reviewed by the Board.					
Attach document	Attach documentation of Continuing Education hours, accrued according to Board Rule Chapter 135-604 and 135-9-0.1. This documentation should include a description of the continuing education activities and photocopies, as outlined in Board Rule					
Non-refundable a funds will be asses	application fee of \$150.00 must be massed a service charge pursuant to O.C.G.A.	de payable to the Geor . §16-9-20. Applications a	gia Composite Board. <u>C</u> re valid for (1) one year.	hecks returned for insufficient		
	SUBMIT THIS APPLICATION IF YOM MORE. YOU MUST FILE THE REINS			ATUS FOR FIVE (5)		
LEGAL NAME:		STATEMENT APPLICA	ATION.			
LEG/(LIV/(VIL.	Last First	Middle	Maiden			
	/ /	/ /				
*S	ocial Security Number	Date of	Birth			
*This information is authorize	d to be obtained and disclosed to state and A. 551 and 20 U.S.C.A. 1001.			d		
PHYSICAL ADDRES	S:					
*(P.O. Box not acceptable –	# & Street (**P.O. Box <u>not</u> a If you are granted a license, your name on the internet. Your physical address	, mailing address and li	cense number are public			
MAILING ADDRESS DIFFERENT):						
BUSINESS ADDRESS:	Street	, P.O. Box	City	State Zip Code		
	Street	City	State 2	ZIp Code		
Telephone Number Day Telephone Number Evening ***Email Address ***Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.						
	STATEMEN	NT OF APPLICANT				
I hereby apply to reactivat	e my license type	Lice	ense Number	,		
Issued on:Month/	and placed in Day/Year		 onth/Day/Year			
State reason/s why you place	ed your license in Inactive status and <u>d</u>	escribe your profession	al activities since your lic	cense has been inactive:		
<u>Continuing Education</u> I attest that I have completed/met all of continuing education requirements, as the Board's CE rule requires. <u>You must submit copies of all CE certificates, as outlined in Board Rule</u> .						
	(S	ignature of Applicant)		Date		
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INSTRUCTIONS:

- For the following questions, the terms "license", "registration" and "certification" are synonymous.
- If your answer is "yes" to any question below, attach a written detailed letter of explanation, relevant court or other related documents of the disposition of the issue and description of the current status.

□Yes □ No	Do you now hold, or have you in the past held, a	professional license, anywhere?		
	Type of License:			
	State:	License#		
	Date Issued:	Expiration Date:		
□Yes □ No	Have you been denied professional licensure or re	enewal because of a license disciplinary		
	proceeding in Georgia or any other state?			
$\Box Yes \; \Box \; No$	Have you knowingly failed to renew a license dur	ing investigation or disciplinary action?		
$\Box Yes \ \Box \ No$	Have you ever had a license to practice any profe	ssion revoked, suspended or annulled or		
	otherwise disciplined, including by private	order?		
□Yes □ No	Have you been subject to disciplinary action or ha	ad your membership revoked by any professional		
	organization?			
	red "Yes" to the next two (2) questions, print out the page as this application. Failure to submit this form with			
□Yes □ No	Have you been convicted of any criminal offense	?		
□Yes □ No	iYes No Have you been arrested, charged, and sentenced for the commission of any felony or any crime			
	involving moral turpitude?			
□Yes □ No	Have you been the defendant in a malpractice sui or paid court awarded expenses?	t and either entered into a settlement agreement		
⊓Ves ⊓ No	Are you currently unable to practice safely as a re	sult of use of alcohol drugs narcotics		
105 110		as a result of any mental or physical condition?		
⊓Ves ⊓ No	Have you previously applied for the same license			
□ 1 C3 □ 1NU	name under which application was submitte			
	name under which application was sublittle	<u> </u>		

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Affidavit Regarding Citizenship					
Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.					
Print Name:					
APPLICANT AFFIDAVIT: I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.					
By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):					
1) I am a United States citizen. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website – www.sos.ga.gov/plb					
2) I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.					
The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.					
In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.					
Executed in(city),(state).					
Signature of Applicant					
Printed Name of Applicant SUBSCRIBED AND SWORN BEFORE ME ON THIS THE					
DAY OF, 20					
NOTA DV DUDLIC My Commission Engine					
NOTARY PUBLIC My Commission Expires: N-7-16-13					

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GEORGIA COMPOSITE BOARD OF PC's, SW's & MFT's				
E-Mail: ExamBoards-Healthcare@sos.state.ga.us * (478) 207-2440 [PHONE] Name:				
(866) 888-7127 [FAX] * www.sos.state.ga.us/plb/counselors	License #:			

CONTINUING EDUCATION REPORT ******** Refer to Board Rule 135-9-.01 & .02 AREA ACTIVITY **SPONSORSHIP** LOCATION DATE(S) # OF CLOCK (FULL NAME) (CITY/STATE) (M/D/YY)HOURS/DAYS Ι CORE Π RELATED Ш **ETHICS**

REFER TO BOARD RULE 135-9-.01 and 135-9-.02 available on the site www.sos.ga.gov/plb/counselors

- Certificates of Attendance MUST accompany this form, application.
- Each CE certificate submitted for audit must contain the licensee's name, the title of the CE activity, the name of the sponsoring organization, the number of credit hours earned and the date and location of the CE event.
- No more than 10 hours of continuing education may be earned through online methods.

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